

## SWALLOWING DIFFICULTIES *(Consultation Draft)*

### Summary of Best Practice Recommendations *(full recommendations are at the end of this document)*

The **dysphagia assessment recommendation (7.2)** emphasizes that all stroke survivors should have their ability to swallow screened, and if they show signs indicating dysphagia or pulmonary aspiration, they should have a full assessment by a speech-language pathologist for advice on ability to swallow and consistency of diet and fluids. It also states that if a stroke survivor is at risk of malnutrition, a dietitian should be involved for assessment and management.

The **oral care recommendation (4.2.6)** suggests that all stroke survivors should have an oral care protocol addressing frequency of oral care, products to be used (e.g., toothpaste and floss) and how to maintain oral health if the person has dysphagia. There is also a recommendation that stroke survivors who have dentures be assessed to be sure they have the neuromotor skills for safe use.

### Summary of the Activities PSWs Can Do *(details of the PSW Activities are in the following table)*

PSWs can help stroke survivors with swallowing difficulties by **identifying** if survivors appear to need an assessment or other help from a regulated health professional (such as speech-language pathologist, registered dietitian, nurse, occupational therapist or physiotherapist), and to **report** if there is such a need.

Also, PSWs can **coach and assist survivors** to follow through on health professionals' recommendations regarding the survivor's swallowing and nutritional goals. They can help with a survivor's **proper and safe positioning** while swallowing, and with **oral care**.

Finally, PSWs can **report on progress** a stroke survivor is making, or **deterioration** of his or her condition, to other members of the stroke survivor's healthcare team.

Area of Client Care	Activities that PSWs Can Do <i>based on focus group consultations and discussions</i>			
	Observe	Coach	Assist	Report
Difficulties/intolerances with food and fluids	Identify any difficulties the client has with tolerance of food and fluid consistency, feeding rate and amounts, and respiration <ul style="list-style-type: none"> <li>• <i>Check referral from CCAC and the care plan developed by the supervisor</i></li> <li>• <i>Check any notes from the client's interprofessional team</i></li> <li>• <i>Ask the client and family caregivers</i></li> <li>• <i>Ask other PSWs who are caring</i></li> </ul>			If the client has additional or new swallowing difficulties report them to the PSW supervisor and other members of the client's healthcare team  <i>Indirect application of 7.2 ii</i>

Area of Client Care	Activities that PSWs Can Do <i>based on focus group consultations and discussions</i>			
	Observe	Coach	Assist	Report
	<p><i>for the client</i></p> <ul style="list-style-type: none"> <li>• <i>Observe the client's home environment</i></li> </ul> <p><i>Indirect application of 7.2 I, 7.2 ii</i></p> <p>Identify any dietary issues the client may have</p> <ul style="list-style-type: none"> <li>• <i>Check referral from CCAC and the care plan developed by the supervisor</i></li> <li>• <i>Check any notes from the client's interprofessional team</i></li> <li>• <i>Ask the client and family caregivers</i></li> <li>• <i>Ask other PSWs who are caring for the client</i></li> <li>• <i>Observe the client's home environment</i></li> </ul> <p><i>Indirect application of 7.2 iii</i></p>			<p>Report any changes or new dietary issues to the PSW supervisor and other members of the client's healthcare team</p> <p><i>Indirect application of 7.2 iii</i></p>
Assessment by Regulated Health Professional	<p>Identify whether the client has been screened for dysphagia using a validated tool by a Regulated Health Professional.</p> <p><i>Indirect application of 7.2</i></p>			<p>If there is no evidence of a screening for dysphagia by a Regulated Health Professional, report this to the PSW supervisor and other members of the client's health care team</p> <p><i>Indirect application of 7.2</i></p>
Client goals and safety	<p>Identify any goals for the client related to swallowing difficulties</p> <ul style="list-style-type: none"> <li>• <i>Check referral from CCAC and the care plan developed by the supervisor</i></li> <li>• <i>Check any notes from the client's interprofessional team</i></li> <li>• <i>Ask the client and family</i></li> </ul>	<p>Reinforce education about risk and safety issues and proper positioning related to swallowing with the client and/or caregiver(s)</p> <p><i>Indirect application of 7.2 ii</i></p>	<p>Assist the client and/or caregiver(s) (and demonstrate if appropriate) proper techniques and positioning related to swallowing</p> <p><i>Indirect application of 7.2 ii</i></p>	<p>Report and changes in client's expressed goals related to swallowing difficulties to the PSW supervisor and other members of the client's health care team</p> <p><i>Indirect application of 7.2 ii</i></p>

Area of Client Care	Activities that PSWs Can Do <i>based on focus group consultations and discussions</i>			
	Observe	Coach	Assist	Report
	<p><i>caregivers</i></p> <ul style="list-style-type: none"> <li>• Ask other PSWs who are caring for the client</li> <li>• Observe the client's home environment</li> </ul> <p><i>Indirect application of 7.2 ii</i></p>			
Eating and drinking	<p>Identify any recommendations from a Regulated Health Professional for eating and drinking by mouth</p> <ul style="list-style-type: none"> <li>• Check referral from CCAC and the care plan developed by the supervisor</li> <li>• Check any notes from the client's interprofessional team</li> <li>• Ask the client and family caregivers</li> <li>• Ask other PSWs who are caring for the client</li> <li>• Observe the client's home environment</li> </ul> <p><i>Indirect application of 7.2 ii</i></p>	<p>Reinforce the recommendations made by a regulated health professional on eating and drinking and coach the client and/or caregiver(s) towards achievable short and long term goals for swallowing</p> <p>Encourage the client to follow regulated health professional recommendations and eat in accordance with Canada's Food Guide to Healthy Eating, and make suggestions about how this could be accomplished, within client's limitations</p> <p><i>Indirect application of:7.2 ii, 7.2 iii</i></p>	<p>Assist the client and/or caregiver(s) in implementing regulated health professional recommendations for swallowing and nutrition</p> <p>If involved in meal preparation for the client, follow regulated health professional recommendations and provide the client with some choices within Canada's Food Guide to Health Eating</p> <p><i>Indirect application of 7.2 ii, 7.2 iii</i></p>	<p>Report any client/caregiver issues regarding eating and drinking to the PSW supervisor and other members of the client's health care team</p> <p><i>Indirect application of 7.2 ii</i></p>
Oral care	<p>Identify the client's oral care protocol</p> <ul style="list-style-type: none"> <li>• Check referral from CCAC and the care plan developed by the supervisor</li> <li>• Check any notes from the client's interprofessional team</li> <li>• Ask the client and family caregivers</li> <li>• Ask other PSWs who are caring for the client</li> <li>• Observe the client's home</li> </ul>	<p>Reinforce the client's oral care protocol with the client and/or caregiver(s)</p> <p><i>Indirect application of 4.2.6 iii</i></p>	<p>Assist with the implementation of the client's oral care protocol as necessary with the client and/or caregiver(s)</p> <p><i>Indirect application of 4.2.6 iii</i></p>	<p>Report any changes in the client's oral care needs to the PSW supervisor and other members of the client's health care team</p> <p><i>Indirect application of 4.2.6 iii, 4.2.6 iv, 4.2.6 v</i></p>

Area of Client Care	Activities that PSWs Can Do <i>based on focus group consultations and discussions</i>			
	Observe	Coach	Assist	Report
	<i>environment</i> <i>Indirect application of 4.2.6 iii</i>			
Client progress	Observe whether the client is making progress on their swallowing, oral care and nutritional goals <i>Indirect application of 7.2 ii</i>	Taking into account progress/lack of progress, reinforce success and provide encouragement to the client and/or caregiver(s) to continue working towards the swallowing and nutritional goals <i>Indirect application of 7.2 ii</i>		Report any progress and/or deterioration or lack of progress to the supervisor and other members of the client's health care team <i>Indirect application of 7.2 ii</i>

**Canadian Stroke Strategy Best Practice Recommendation 7.2: Dysphagia Assessment (page 156)**

**Recommendation 7.2:** Patients with stroke should have their swallowing ability screened using a simple, valid, reliable bedside testing protocol as part of their initial assessment, and before initiating oral intake of medications, fluids or food [Evidence Level B].

- 7.2i.** Patients who are not alert within the first 24 hours should be monitored closely and dysphagia screening performed when clinically appropriate [Evidence Level C].
- 7.2ii.** Patients with stroke presenting **with features indicating dysphagia or pulmonary aspiration** should receive a full clinical assessment of their swallowing ability by a speech–language pathologist or appropriately trained specialist(s) who should advise on safety of swallowing ability and consistency of diet and fluids [Evidence Level A].
- 7.2iii.** Patients who are at risk of malnutrition, including all patients with dysphagia, should be referred to a dietitian for assessment and ongoing management. Assessment of nutritional status should include the use of validated nutrition assessment tools or measures [Evidence Level C].

**Canadian Stroke Strategy Best Practice Recommendation 4.2.6: Oral care (p.90)**

- 4.2.6i.** Upon or soon after admission, all stroke patients should have an oral/dental assessment, including screening for signs of dental disease, level of oral care, and appliances [Evidence Level C].
- 4.2.6ii.** For patients wearing a full or partial denture it should be determined if they have the neuromotor skills to safely wear and use the appliance(s) [Evidence Level C].
- 4.2.6iii.** An appropriate oral care protocol should be used for every patient with stroke, including those who use dentures [Evidence Level C]. The oral care protocol should be consistent with the Canadian Dental Association recommendations [Evidence Level B], and should address areas such as frequency of oral care (twice per day or more); types of oral care products (toothpaste, floss, and mouthwash); and management for patients with dysphagia. [Evidence level C].
- 4.2. iv.** If concerns with implementing an oral care protocol are identified, consider consulting a dentist, occupational therapist, speech-language pathologist, and/or a dental hygienist [Evidence Level C].

**4.2.6v.** If concerns are identified with oral health and/or appliances, patients should be referred to a dentist for consultation and

management as soon as possible [Evidence Level C].

***Levels of Evidence used in the Best Practice Recommendations***

Evidence Level A - Strong recommendation. Evidence from randomized controlled trials or meta-analyses of randomized controlled trials. Desirable effects clearly outweigh undesirable effects, or vice versa.

Evidence Level B - Single randomized controlled trial or well-designed observational study with strong evidence; or well-designed cohort or case-control analytic study; or multiple time series or dramatic results of uncontrolled experiment. Desirable effects closely balanced with undesirable effects.

Evidence Level C - At least one well-designed, non-experimental descriptive study (e.g., comparative studies, correlation studies, case studies) or expert committee reports, opinions and/or experience of respected authorities, including consensus from development and/or reviewer groups.

***References***

- 1. Lindsay M, Gubitz G, Bayley M, Hill M, Davies-Schinkel C, Singh S, et al. Canadian Best Practice Recommendations for Stroke Care (Update 2010). On behalf of the the Canadian Stroke Strategy Best Practices and Standards Writing Group, 2010. Ottawa: Canadian Stroke Network, 2010.***